

# Person Centered Support Plan



# Person Centered Support Plan (PCSP)

Annual Meeting Date: \_\_\_\_\_ Meeting Notes:

## Part I. Identifying Information and Background

### A. Background

Name: HLCI#: Address: Phone Number:	Regional Office: Address:  Support Coordinator: Phone Number:
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### B. Person Centered Profile

#### I. Introduction

#### II. Likes/dislikes

- LIKES
- DISLIKES

#### III. Communication style/preferences

#### IV. Contributions/ Relationships

#### V. Hopes/Dreams/Fears and Personal Goals

#### VI. Health and Safety Issues

#### VII. Legal/Rights Issues

#### VIII. Other Considerations

### C. Review of Previous Year's Goals, Services, and Support Strategies

General Information (some previously recorded in Social Summary Update):

Goal 1: \_\_\_\_\_ Goal 2: \_\_\_\_\_

Service 1 (include specific support strategy): \_\_\_\_\_ Service 2 (include specific support strategy): \_\_\_\_\_

### D. Assessments

#### I. Identify the assessments that contributed toward the development of the PCSP and the identification of items that are most important "To" and "For" the person.

- Support Intensity Scale
- \_\_\_\_\_

#### II. "Most Important TO The Person" items that are marked as Current Goals

TO Item "Current Goal"

Notes

#### III. "Most Important FOR The Person" items that are marked as "On The Plan"

FOR Item "In The Plan"

Notes

## **Part II – Action Plan**

### **A. Person's Goals**

#### **Goal #1:**

- **Current Situation:**
- **Strengths:**
- **Barriers:**

#### **Support Item #1:**

#### **Who Is Providing The Support?**

**Start Date:**

**End Date:**

**Details:**

**Is this funded by DSPD?**

**Provider:**

**Service Code/Description:**

**Support Strategy:**

**Monthly Summary:**

**“FOR” Item(s):**

### **B: Additional Supports and Services (Not Goal Related)**

#### **Support Item #1:**

#### **Who Is Providing The Support?**

**Start Date:**

**End Date:**

**Details:**

**Is this funded by DSPD?**

**Provider:**

**Service Code/Description:**

**Support Strategy:**

**Monthly Summary:**

**“FOR” Item(s):**

#### **Standard Supports**

**Support:** Medical Treatment

#### **Who Is Providing The Support?**

**Start Date:**

**End Date:**

**Details:**

**Support:** Support Coordination

#### **Who Is Providing The Support?**

**Start Date:**

**End Date:**

**Details:** Provide coordination with supports and services, eligibility determination, and other things as needed...

### **C. DSPD Purchased Services**

**Service Code:**

**Service Code Description:**

**Amount & Frequency:** The service is estimated to be \_\_ units per month and should not exceed \_\_ units per year.

**Duration:** The service should begin on \_\_\_\_\_ and should end on \_\_\_\_\_.

**“FOR” Items:**

**Part III. Budget**

**Part IV. Signature**